



SC DEPARTMENT OF LABOR, LICENSING AND REGULATION

South Carolina Board of Examiners in Optometry

Post Office Box 11329 Columbia, SC 29211

803-896-4679 FAX: 803-896-4719

BRANCH OFFICE REGISTRATION

NAME _____ LICENSE NO. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE NO. _____ OFFICE FAX NO. _____

BRANCH OFFICE LOCATION

PRACTICE/BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE NO. _____ OFFICE FAX NO. _____

SIGNATURE _____ DATE _____

FEES

BRANCH REGISTRATION FEE - submit fee according to quarter branch registration occurs:

Odd Numbered Year:

January – March	\$200.00
April – June	\$175.00
July – September	\$150.00
October – December	\$125.00

Even Numbered Year:

January – March	\$100.00
April – June	\$ 75.00
July – September	\$ 50.00
October – December	\$ 25.00

WALL CERTIFICATE FEE: \$ 25.00

A wall certificate is required to be displayed at all practice locations.

TOTAL FEE DUE = Appropriate branch registration fee + wall certificate fee, if needed.

This branch registration stays current until your optometry license expiration date. Renew the branch registration with your optometry license.